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FACSIMILE COVER SHEET

TO: Examiner C. Lee
 U. S. Patent & Trademark Office
 Group Art Unit 2622

FROM: Andrew D. Mickelsen, Reg. No. 50,957

RE: U.S. Application No. 09/694,502
 Atty. Docket No.: 03500.014889

FAX NO.: (703) 872-9314

DATE: August 30, 2002

NO. OF PAGES: 15
(including cover page)

TIME: 12:50pm

SENT BY: ADM

MESSAGE

Attachments:

- 1) Preliminary Amendment Transmittal
- 2) Preliminary Amendment

Certificate of Transmission

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In re Application of:

KAZUMI KIMURA

Application No.: 09/694,502

Filed: October 24, 2000

For: SCANNING OPTICAL APPARATUS
AND COLOR IMAGE FORMING
APPARATUS USING THE SAMECommissioner for Patents
Washington, D.C. 20231

Docket No.

03500.014889

Examiner: C. Lee

Group Art Unit: 2622

Date: August 30, 2002

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Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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 A Verified Statement claiming small entity status is enclosed, if not filed previously. A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

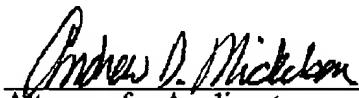
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____-month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Registration No. 50,957

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